

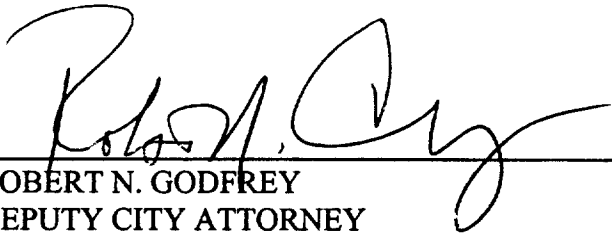
Entered - 05/27/99 - sb
CL99L0340 - DIANNE C. MITCHELL

01-R-0017

CLAIM OF: **TIZAZ S. WOLDU,**
through his attorney,
Waymen Sims
434 Flat Shoals Avenue
Atlanta, Georgia 30316

For damages alleged to have been sustained as a result of a vehicular
accident on December 4, 1998 at 69 Mayson Avenue.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

D-14

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0340

Date: December 27, 2000

Claimant /Victim TIZAZ S. WOLDU
BY: (Atty) Waymen Sims
Address: 434 Flat Shoals Avenue, Atlanta, Georgia 30316
Subrogation: Claim for Property damage \$ 7,551.00 Bodily Injury \$
Date of Notice: 05/25/99 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 12/04/98 Place: 69 Mayson Avenue
Department: Police Division:
Employee involved Corey T. Miller Disciplinary Action: One Day Suspension

NATURE OF CLAIM: The driver of the City vehicle lost control of same and collided with the claimant's building causing damages in the above amount. However, the claimant has rejected the City's settlement offer.

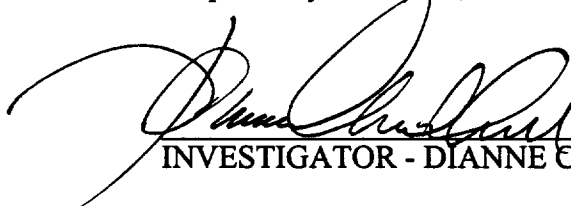
INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

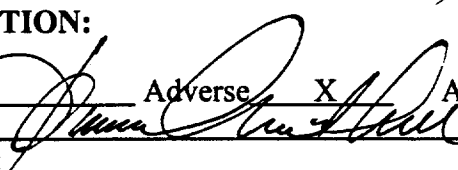
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable
City not involved Offer rejected X Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE E. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager:  Concur/date 12-28-00
Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

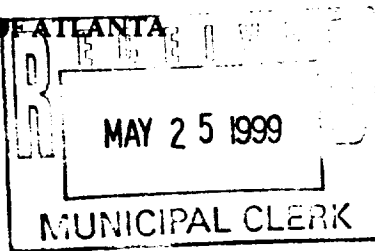
RE: CLAIM FOR DAMAGES

Today's Date: _____

ENTERED - 5-27-99 - SB
99L0340 - DOBBS JORDAN

05-25-99P05:28 RCVD

Jordan
05/26/99
Don



Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 7551.00 property and/or \$ 300.00 bodily injury for which I contend the City is liable.

1. Date of incident: 12-4-1998 2. Time of Incident: 19:16 ^{appts} 3. Police called: ✓
(month/day/year) Yes No
4. Location of incident (including street address): 69 MAYSON Ave Atlanta GA 30317
5. Name of your insurance company: Monticello Inc. Co. Policy No. MCK-257331
6. State what and how incident occurred: police. Vehicle. Crashed. into my Building And. Caused property damage

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Corey T. Miller 675 Police de Leon Ave ^{(404) 371-5002}
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Waymen. Sims. Attorney
(404) 588-9752
437 FLAT Shoals AVE
Atlanta, GA
30316

TIZAZ S. WOLDU
(Print Claimant's Name)

69 MAYSON Ave
01-R-0017 (Address)
Atlanta GA 30316
(City, State and Zip Code)
(404) 522-3304
(Work Number) (Home Number)